

STATE OF NEBRASKA
DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATION AND LICENSURE
CREDENTIALING DIVISION
301 CENTENNIAL MALL SOUTH, PO BOX 94986
LINCOLN, NE 68509-4986

AFFIDAVIT OF NAME CHANGE

STATE OF _____)
COUNTY OF _____)

I, _____, being first duly sworn, deposes and says:

1. that Affiant holds license/certificate number _____ to practice _____ in the State of Nebraska.
2. that Affiant's license/certificate was issued in the name of _____ whose date of birth is _____ and whose social security # is _____.
3. that Affiant wishes the license registry record to be changed to the following name:

(Please Print)

4. that all the statements herein are true and correct.

FURTHER, Affiant saith not.

Affiant's Signature

Date

ADDRESS: _____

CITY

STATE

ZIP CODE

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20_____.

NOTARY PUBLIC SIGNATURE

NOTARY SEAL/STAMP

PLEASE RETURN THIS FORM TO THE CREDENTIALING DIVISION IN ORDER THAT OUR RECORDS MAY BE CHANGED. IN THE EVENT YOU WISH YOUR NEW NAME TO APPEAR ON YOUR CURRENT WALL LICENSE/CERTIFICATION OR WALLET CARD, YOU MUST SUBMIT A **FEE OF \$10.00** FOR REISSUANCE OF EACH DOCUMENT. OTHERWISE, YOUR NEW NAME WILL APPEAR ON YOUR LICENSE CARD OR DEA REGISTRATION AT THE TIME IT IS RENEWED.

PROOF OF NAME CHANGE (COPY OF MARRIAGE CERTIFICATE, COURT ORDER, ETC.) **MUST** BE SUBMITTED WITH THIS AFFIDAVIT.

I hereby request reissuance of the following license/certification document(s):

Document Name

Number of Documents Requested

Check all that apply:

- ☐ small-size card
☐ large-size license/certification

SUBMIT FORMS TO:

CREDENTIALING DIVISION
PO BOX 94986
LINCOLN, NE 68509-4986

Rev 04/02; 10/93; 03/98, 10/01, 07/05